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Tough Questions from Liberals on Health Care Reform

Max S. Baucus

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MONTH/YEAR of Records*: **June-2009**

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(1) Subject*: **Health**

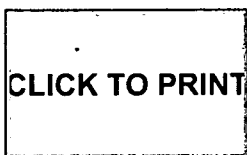
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(2) Subject* **none**

DOCUMENT DATE*: **06/29/2009**

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Tough Questions from Liberals on Health Care Reform

Q1: Aren't you flip-flopping on the President's pledge not to raise taxes on people making less than \$250,000 a year?

A1: Our plan contemplates subjecting to taxation only those folks whose plans are significantly richer than the plans held by Members of Congress.

Getting people to see the cost of health care insurance is one of the most important ways that CBO tells us we can get control of health care costs.

This is the only tax pay-for that has any bipartisan support.

And if you'll concede that we will be forced to raise taxes by \$500 billion in order to pay for health reform, wouldn't we prefer to raise taxes with Republican support rather than as Democrats alone? Unfortunately, the only significant tax increase that Republicans will support — including Senators Snowe and Collins — is the cap on tax free health benefits. Senator Snowe indicates that she will not support a surtax on millionaires or a clip of itemized deductions.

Q2: Aren't you forcing middle-income people to have to buy insurance that they cannot afford?

A2: Our plan contemplates financial assistance to all families up to those making more than \$66,000 a year — that's one-third higher than the median family income in America.

Our plan also has affordability caps that make it so that no Americans would pay a penalty for violating the obligation for shared responsibility if they would have to pay more than 15 percent of their income to get health insurance.

Our plan includes insurance market reforms that will rein in the insurance companies and make health insurance more affordable for millions of Americans for whom insurance is now out of reach.

Once we reform the insurance market, folks who are making one-third more than the median family income in the Country should have a responsibility to buy insurance, rather than shifting their cost to other Americans by using emergency rooms for their care.

Q3: Aren't Senators Grassley and Enzi just stringing you along, just to drop you in the end?

A3: I believe it will be harder to do a deal later with Senators Snowe and Collins if the Maine Senators believe that we've cut off talks with Senators Grassley and Enzi too quickly. If Senator Enzi and Grassley are clearly unwilling to make a deal, then Senator Snowe will be more disposed to ditch her Chairman and bring Collins along.

Q4: Why don't you just cut a deal with Senators Snowe and Collins?

A4: You don't get a more Democratic deal. The combination of satisfying Snowe and Collins will be about the same as Enzi and Grassley. Collins will take a hard line on the business issues and Snowe will make all the pay-fors be balanced.

Negotiating with Snowe and Collins will take much longer than negotiating with Grassley and Enzi.

A Snowe-Collins deal will bring most industry groups barreling down against us. Starting now.

Snowe-Collins sets up a bad conference. With a Grassley-Enzi deal, we will have places to move toward the House in conference. With a Snowe-Collins deal, the House will have to take the Senate bill with minimal change. Is everyone ready for that?

Q5: What's your plan for handling the doctor's concerns about the Sustainable Growth Rate?

A5: We fully expect that Congress will at some point adopt an amendment to address the SGR. Even the Congressional Blue Dogs acknowledge that this is an obligation that we will need to address without offsets.

We also hope that the administration will help by taking drugs out of the SGR formula, which would immediately relieve Congress of about \$40 billion of the burden.

Q6: Why don't you just do a smaller bill?

A6: It's hard to imagine how one could formulate a smaller bill while still maintaining coverage for all Americans.

A smaller bill would likely involve merely covering the poorest of the uninsured through Medicaid, while taxing upper-income Americans to pay for it. The problem of lack of insurance for middle-income Americans would persist.

Q7: Isn't your plan just a big transfer from blue states to red states?

A7: Blue states have covered their poor folks because it is the right thing to do. Now the Nation should also cover its low-income residents because it is the right thing to do. We are one Nation. And every American who is living with illness and pain deserves access to health care.

Q8: Isn't this bill just raising taxes to give insurance to the uninsured, while the rest of the country would get some promise that their health care costs would not go up as much as they otherwise would?

A8: Our plan includes real insurance market reforms that will rein in the insurance companies and make health insurance more affordable for millions of Americans.

Q9: Why aren't you doing a real public plan?

A9: The only "real" public plan is one that CBO says will bring down consumers costs. The only plan that fits that bill is a Medicare option that requires doctor participation. Unless we want to go to war with the physician community, such a plan is unrealistic. Therefore, we should do what we can garner votes for on the Senate floor, and that is the so called "co-op option." What the "co-op option" is is immaterial from a policy perspective, so it is simply a placeholder for conference when we can do something more substantial.

Q10: Why the @#\$% are you raising taxes on my health insurance?

A10: Same answer as question 1.

Q11: If we are not going to use the exclusion in the end, why should we have to vote for it now?

A11: Same answer as question 1.